MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET

(FOR USE WITH FORM PTO-875)

SERIAL NO.

10/532088 APPLICANT(S)

FILING DATE

CLAIMS

	AS FILED		AFTER 1"AMENDMENT		AF	AFTER 2 damendment	
 	IND.	DEP.	IND.	DEP.	IND.	DEP.	
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TOTAL CLAIMS			15				

PTO - 1360 (REV. 11/04)

TAMENDENT 12-AMENDMENT 13-AMENDMENT 15-AMENDMENT 15-AMEN		AS FILED		AFTER		AFTER	
51				I AMENDMENT		2 MAMENDMENT	
52	51	IND.	DEP.	IND.	DEP.	IND.	DEP.
53 54 54 55 55 56 57 58 59 60 61 61 62 63 64 65 66 67 77 71 71 72 73 74 75 75 76 77 78 8 79 80 81 81 82 83 84 85 86 87 88 88 89 90 90 91 91 92 93 94 94 95 96 97 98 99 90 91 91 92 93 94 94 95 96 97 98 99 90 90 91 91 92 93 94 94 95 96		†					
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72 73 74 75 76 77 78 79 80 81 82 83 84 85 86 87 88 89 90 91 91 92 93 94 95 96 97 98 99 100 OTAL IND. OTAL IND. OTAL LID. OTAL							
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OTAL IND. OTAL DEP. TOTAL CLAIMS							
TOTAL CLAIMS	OTAL IND.		+		+		+
CLAIMS	OTAL DEP.		←	•	-		←
	TOTAL CLAIMS	a A					

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